

Enumeration and Enrollment

Frequently Asked Questions

What is the fastest way that I can obtain a National Provider Identifier (NPI) for me or my organization?

For most individuals and small organizations, the on-line NPI application is the fastest and most efficient way to obtain your NPI.

Will a healthcare provider have to pay for an NPI?

No. A healthcare provider will not be charged, nor required to pay, a fee in order to obtain a National Provider Identifier (NPI).

If a healthcare provider with an NPI moves to a new location, must the healthcare provider notify the enumerator of its new address?

Yes. A covered healthcare provider must notify the enumerator of changes in any of the information that it furnished on its application for a National Provider Identifier (NPI), and must do so within 30 days of the change. We encourage non-healthcare providers who have been assigned NPIs, but who are not covered entities, to do the same.

If an Electronic File Interchange (EFI) Organization obtained my National Provider Identifier (NPI) for me, how do I obtain a copy of the NPI notification?

You should contact the EFI organization that obtained your NPI for you.

How long will it take to get an NPI?

We cannot predict the amount of time it will take to obtain a National Provider Identifier (NPI) because several factors come into play. Such factors include the volume of applications being processed at a given time, whether the application was submitted electronically or on paper, and whether the application was complete and passed all edits. We expect that a healthcare provider who submits a properly completed electronic application could have its NPI within 10 days.

Will there be enough NPIs to enumerate all healthcare providers? Will we ever run out?

The format of the National Provider Identifier (NPI) and the assignment strategy will enable the enumeration of over 200 million healthcare providers. At the current rate of increase in the number of providers in the United States, this should enable the Department of Health and Human Services to enumerate healthcare providers for 200 years.

Will a healthcare provider's NPI ever change?

The National Provider Identifier (NPI) is meant to be a lasting identifier, and would not change based on changes in a healthcare provider's name, address, ownership, membership in health plans, or Healthcare Provider Taxonomy classification. There may be situations where use of an NPI for fraudulent purposes results in a healthcare provider requesting a different NPI; such situations will be investigated and a different NPI may be assigned to the requesting healthcare provider.

Will Medicaid conduct a "Bulk Enumeration" for providers or will each provider need to apply for the NPI?

DMAS will not conduct Bulk Enumeration for providers. If a provider desires to obtain an NPI they will be responsible for either applying directly for an NPI, or as part of another organization's Bulk Enumeration process.

The National Plan and Provider Enumeration System (NPPES) requires a Taxonomy Code for an NPI application to be processed.

Where do I get the Taxonomy information?

The NPPES has multiple screens that provide for selection of a provider type code and classification name / area of specialization. Certain taxonomy selections will require you to enter your license number and the state where the license was issued. A list of taxonomy selections that require license information is supplied by the application. There are also NPI Application Help screens to assist you.

We are a practice with only one physician. The Medicaid and Tax ID numbers are on the practice name. Do we need to get an NPI number for the practice and another for the physician?

The physician is eligible to obtain a Type 1 Individual NPI. The practice is eligible to obtain a Type 2 Organization NPI if it is a legal entity (if it has its own Federal Taxpayer ID and is not a sole proprietorship that uses the owner's SSN). You should enroll as a group practice with a single physician so that DMAS can properly adjudicate Medicare Crossover claims.

Since Physician Assistants are also required to get an NPI, will Virginia Medicaid be enrolling these providers and allowing practices to bill for the services they provide?

Because DMAS will pay Physician assistants when billed secondary to Medicare, DMAS will enroll Physician assistants as part of a group practice as a Medicare Crossover only provider. Services provided by Physician assistants which are not crossing over from Medicare should continue to be billed by the physician.